



City of Reno Parks, Recreation & Community Services
Participant Information Form
CAMPS & SIERRA KIDS
 Phone: 334-4280 FAX: 321-8347
Valid through May 31, 2011



Please Print Clearly – One form required for each child – This form is required before participant may attend

PARTICIPANT INFORMATION

Name (Last) _____ (First) _____ (M.I.) _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Age _____ Male _____ Female _____

School Child Attends _____ Track Color _____ Grade _____

Hair Color _____ Race/Ethnicity _____ Eye Color _____ Weight _____

Does child ride the bus? ☐ Yes Bus # _____ ☐ No Swimming Ability (please circle one) Beginner Intermediate Advanced

Physician's Name _____ Phone _____ Hospital Preference _____

Allergies (please list) _____

Medications (please list) _____

Staff will not administer or distribute any medication at any time.



Access For All – Services are provided to people of all abilities. If you need a reasonable accommodation, please inform staff at registration at least five business days prior to the start date of the program/class. Each request will be assessed in compliance with the ADA. A supplemental information packet must be filled out and returned to the Inclusion Office (334-2262).

Does this person require assistance or special accommodation to participate? ☐ Yes ☐ No

FAMILY/GUARDIAN INFORMATION

Mother/Guardian Name _____ E-Mail Address _____

Work # _____ Home # _____ Cell # _____

Address _____ City _____ State _____ Zip _____

Employed by/or school attended _____ Hours of Employment: From _____ To _____

Father/Guardian Name _____ E-Mail Address _____

Work # _____ Home # _____ Cell # _____

Address _____ City _____ State _____ Zip _____

Employed by/or school attended _____ Hours of Employment: From _____ To _____

Step-parent Name _____ E-Mail Address _____

Work # _____ Home # _____ Cell # _____

Address _____ City _____ State _____ Zip _____

Employed by/or school attended _____ Hours of Employment: From _____ To _____

Add'l persons who may be called in an emergency and are authorized to take participant from facility (Picture ID required)

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

☐ Check here if **custodial rights** have been terminated (Legal documentation is required)

I, the undersigned parent/legal guardian of child named above hereby give my permission to participate in field Trips/excursions sponsored by the City of Reno, with transportation to be provided by City of Reno staff.

I, the undersigned parent/legal guardian agree to make myself aware of the general rules, the payment and refund/credit policies and if needed, I will call the Youth/Senior Office (334-4280) for further explanation.

Participant/Guardian Signature _____ Date _____

Office Use only – input date & initials: class _____ documentum _____ (revised date 3/8/10)